

AFFIDAVIT

STATE OF WISCONSIN }
 } SS
Milwaukee County }

_____, being first duly sworn, on oath
(Agent)

deposes and says that he/she is the agent of the

_____, insurer, on the attached
(Company name)

certificate issued to _____.
(Legal entity of Insured)

Affiant further deposes and says that no officer, official
or employee of the City of Milwaukee has any interest,
directly or indirectly, or is receiving any premium,
commission, fee or any other thing of value on account
of the sale of furnishing of said insurance certificate

(Signature of Agent above)

Subscribed and sworn to before me
this ____ day of _____, 20____.

Notary Public-State of Wisconsin
My Commission expires_____